

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2014 </div>	

Full Name of Payee Alliance Fm			Date of Public Distribution/Dissemination		
Mailing Address 133 Industrial Avenue			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014 </div>		
City Hasbrouck Heights	State NJ	Zip Code 07604	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">312.50</div>		
Purpose of Expenditure Printing of brochure		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : B498438 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014 </div>		
Name of Federal Candidate Kay Hagan			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">29657.26</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee FedEx			Date of Public Distribution/Dissemination		
Mailing Address 326 7th Avenue			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014 </div>		
City New York	State NY	Zip Code 10001	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21.04</div>		
Purpose of Expenditure Shipping of invitations for fundraiser		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : B498439 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014 </div>		
Name of Federal Candidate Kay Hagan			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">29657.26</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">333.54</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Aletheia Henry

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 2 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 06 / 13 / 2014	

Full Name of Payee PPCNC Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 16 / 2014	
Mailing Address PO Box 9194		Amount 29.16	
City Chapel Hill	State NC	Zip Code 27515	Transaction ID : B498440
Purpose of Expenditure Postage of invitations for fundraiser	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 16 / 2014	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
		29657.26	

Full Name of Payee Planned Parenthood Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 23 / 2014	
Mailing Address 434 West 33rd Street		Amount 5.42	
City New York	State NY	Zip Code 10001	Transaction ID : B498442
Purpose of Expenditure List rental and postage of letter to supporters	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 23 / 2014	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
		29657.26	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	34.58
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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		M M / D D / Y Y Y Y Y Y 06 / 13 / 2014	

Full Name of Payee PPCNC Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 05 / 2014	
Mailing Address PO Box 9194		Amount 1.32	
City Chapel Hill	State NC	Zip Code 27515	Transaction ID : B498443
Purpose of Expenditure List rental and postage of invitations for fundraiser		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 05 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		29657.26	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 12 / 2014	
Mailing Address 1110 Vermont Ave N.W.		Amount 25852.22	
City Washington	State DC	Zip Code 20005	Transaction ID : B498445
Purpose of Expenditure Volunteer recruitment phone banks. Correction to description previously reported on 6/13/14		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 12 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		29657.26	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25853.54
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 06 / 13 / 2014	

Full Name of Payee PPHS-AF		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 12 / 2014	
Mailing Address 100 South Boylan Ave.		Amount 3435.60	
City Raleigh	State NC	Zip Code 27603	Transaction ID : B498446
Purpose of Expenditure Volunteer recruitment phone banks. Correction to amount and description previously rptd on 6/13/14		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 12 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		29657.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3435.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	29657.26

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